

Index of Claims



Application No.

09/640,735

Examiner

Sikha Roy

Applicant(s)

VAN DEN BOGERT ET AL.

Art Unit

2879

| | |
|---|----------|
| √ | Rejected |
| = | Allowed |

| | |
|---|--------------------------------|
| - | (Through numeral) Cancelled |
| + | Restricted |

| | |
|---|--------------|
| N | Non-Elected |
| I | Interference |

| | |
|---|----------|
| A | Appeal |
| O | Objected |

| Claim | | Date | | | | | | | | | | | |
|-------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original | 10/27/03 | | | | | | | | | | | |
| | 1 | = | | | | | | | | | | | |
| | 2 | = | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | |
| | 5 | = | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | |
| | 7 | = | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | |
| | 9 | = | | | | | | | | | | | |
| | 10 | = | | | | | | | | | | | |
| | 11 | = | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | |
| | 13 | | | | | | | | | | | | |
| | 14 | = | | | | | | | | | | | |
| | 15 | = | | | | | | | | | | | |
| | 16 | = | | | | | | | | | | | |
| | 17 | = | | | | | | | | | | | |
| | 18 | = | | | | | | | | | | | |
| | 19 | = | | | | | | | | | | | |
| | 20 | = | | | | | | | | | | | |
| | 21 | = | | | | | | | | | | | |
| | 22 | | | | | | | | | | | | |
| | 23 | | | | | | | | | | | | |
| | 24 | | | | | | | | | | | | |
| | 25 | | | | | | | | | | | | |
| | 26 | | | | | | | | | | | | |
| | 27 | | | | | | | | | | | | |
| | 28 | | | | | | | | | | | | |
| | 29 | | | | | | | | | | | | |
| | 30 | | | | | | | | | | | | |
| | 31 | | | | | | | | | | | | |
| | 32 | | | | | | | | | | | | |
| | 33 | | | | | | | | | | | | |
| | 34 | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | |
| | 41 | | | | | | | | | | | | |
| | 42 | | | | | | | | | | | | |
| | 43 | | | | | | | | | | | | |
| | 44 | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | |
| | 46 | | | | | | | | | | | | |
| | 47 | | | | | | | | | | | | |
| | 48 | | | | | | | | | | | | |
| | 49 | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | |

| Claim | | Date | | | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | | | |
| | 51 | | | | | | | | | | | | |
| | 52 | | | | | | | | | | | | |
| | 53 | | | | | | | | | | | | |
| | 54 | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | |
| | 56 | | | | | | | | | | | | |
| | 57 | | | | | | | | | | | | |
| | 58 | | | | | | | | | | | | |
| | 59 | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | |
| | 61 | | | | | | | | | | | | |
| | 62 | | | | | | | | | | | | |
| | 63 | | | | | | | | | | | | |
| | 64 | | | | | | | | | | | | |
| | 65 | | | | | | | | | | | | |
| | 66 | | | | | | | | | | | | |
| | 67 | | | | | | | | | | | | |
| | 68 | | | | | | | | | | | | |
| | 69 | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | |
| | 71 | | | | | | | | | | | | |
| | 72 | | | | | | | | | | | | |
| | 73 | | | | | | | | | | | | |
| | 74 | | | | | | | | | | | | |
| | 75 | | | | | | | | | | | | |
| | 76 | | | | | | | | | | | | |
| | 77 | | | | | | | | | | | | |
| | 78 | | | | | | | | | | | | |
| | 79 | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | |
| | 81 | | | | | | | | | | | | |
| | 82 | | | | | | | | | | | | |
| | 83 | | | | | | | | | | | | |
| | 84 | | | | | | | | | | | | |
| | 85 | | | | | | | | | | | | |
| | 86 | | | | | | | | | | | | |
| | 87 | | | | | | | | | | | | |
| | 88 | | | | | | | | | | | | |
| | 89 | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | |
| | 91 | | | | | | | | | | | | |
| | 92 | | | | | | | | | | | | |
| | 93 | | | | | | | | | | | | |
| | 94 | | | | | | | | | | | | |
| | 95 | | | | | | | | | | | | |
| | 96 | | | | | | | | | | | | |
| | 97 | | | | | | | | | | | | |
| | 98 | | | | | | | | | | | | |
| | 99 | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | |

| Claim | | Date | | | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | | | |
| | 101 | | | | | | | | | | | | |
| | 102 | | | | | | | | | | | | |
| | 103 | | | | | | | | | | | | |
| | 104 | | | | | | | | | | | | |
| | 105 | | | | | | | | | | | | |
| | 106 | | | | | | | | | | | | |
| | 107 | | | | | | | | | | | | |
| | 108 | | | | | | | | | | | | |
| | 109 | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | |
| | 111 | | | | | | | | | | | | |
| | 112 | | | | | | | | | | | | |
| | 113 | | | | | | | | | | | | |
| | 114 | | | | | | | | | | | | |
| | 115 | | | | | | | | | | | | |
| | 116 | | | | | | | | | | | | |
| | 117 | | | | | | | | | | | | |
| | 118 | | | | | | | | | | | | |
| | 119 | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | |
| | 121 | | | | | | | | | | | | |
| | 122 | | | | | | | | | | | | |
| | 123 | | | | | | | | | | | | |
| | 124 | | | | | | | | | | | | |
| | 125 | | | | | | | | | | | | |
| | 126 | | | | | | | | | | | | |
| | 127 | | | | | | | | | | | | |
| | 128 | | | | | | | | | | | | |
| | 129 | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | |
| | 131 | | | | | | | | | | | | |
| | 132 | | | | | | | | | | | | |
| | 133 | | | | | | | | | | | | |
| | 134 | | | | | | | | | | | | |
| | 135 | | | | | | | | | | | | |
| | 136 | | | | | | | | | | | | |
| | 137 | | | | | | | | | | | | |
| | 138 | | | | | | | | | | | | |
| | 139 | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | |
| | 141 | | | | | | | | | | | | |
| | 142 | | | | | | | | | | | | |
| | 143 | | | | | | | | | | | | |
| | 144 | | | | | | | | | | | | |
| | 145 | | | | | | | | | | | | |
| | 146 | | | | | | | | | | | | |
| | 147 | | | | | | | | | | | | |
| | 148 | | | | | | | | | | | | |
| | 149 | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | |

3c992 U.S. PTO
09/640735
07/17/80

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|---------|
| FEE DETERMINATION | <i>hig</i> | | 8/25/80 |
| O.I.P.E. CLASSIFIER | <i>LL</i> | 75353 | 10-6-80 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

- ✓ Rejected
- " Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

APPL
0

TITLE APPLICANTS

CLA

INTERNA

TEP
DIS

The term subsequent has been di

The term not extend b of U.S Patent

The term this patent hi

WARNING:
The information Possession out

Form PTO-436A
(Rev. 6/79)

| Claim | Date |
|-------|------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |
| 26 | |
| 27 | |
| 28 | |
| 29 | |
| 30 | |
| 31 | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| 38 | |
| 39 | |
| 40 | |
| 41 | |
| 42 | |
| 43 | |
| 44 | |
| 45 | |
| 46 | |
| 47 | |
| 48 | |
| 49 | |
| 50 | |

| Claim | Date |
|-------|------|
| 51 | |
| 52 | |
| 53 | |
| 54 | |
| 55 | |
| 56 | |
| 57 | |
| 58 | |
| 59 | |
| 60 | |
| 61 | |
| 62 | |
| 63 | |
| 64 | |
| 65 | |
| 66 | |
| 67 | |
| 68 | |
| 69 | |
| 70 | |
| 71 | |
| 72 | |
| 73 | |
| 74 | |
| 75 | |
| 76 | |
| 77 | |
| 78 | |
| 79 | |
| 80 | |
| 81 | |
| 82 | |
| 83 | |
| 84 | |
| 85 | |
| 86 | |
| 87 | |
| 88 | |
| 89 | |
| 90 | |
| 91 | |
| 92 | |
| 93 | |
| 94 | |
| 95 | |
| 96 | |
| 97 | |
| 98 | |
| 99 | |
| 100 | |

| Claim | Date |
|-------|------|
| 101 | |
| 102 | |
| 103 | |
| 104 | |
| 105 | |
| 106 | |
| 107 | |
| 108 | |
| 109 | |
| 110 | |
| 111 | |
| 112 | |
| 113 | |
| 114 | |
| 115 | |
| 116 | |
| 117 | |
| 118 | |
| 119 | |
| 120 | |
| 121 | |
| 122 | |
| 123 | |
| 124 | |
| 125 | |
| 126 | |
| 127 | |
| 128 | |
| 129 | |
| 130 | |
| 131 | |
| 132 | |
| 133 | |
| 134 | |
| 135 | |
| 136 | |
| 137 | |
| 138 | |
| 139 | |
| 140 | |
| 141 | |
| 142 | |
| 143 | |
| 144 | |
| 145 | |
| 146 | |
| 147 | |
| 148 | |
| 149 | |
| 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)